

California Teachers Association Employees' Retirement Benefits Trust

DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ SSN# _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Name of Financial Institution _____

Bank Routing Number _____

Type of Account: Checking Savings

Account No. _____

* Please verify that your bank account allows ACH deposits

Note: If your account type is checking, please attach a voided check. If your account type is savings, please attach a deposit slip. Verify that your routing number and account number are correct and are on the voided check and deposit slip.

I hereby authorize the Board of Trustees of California Teachers Association Employees' Retirement Benefits Plan ("Plan") to deposit all amounts due to me under the Plan in my account at the Financial Institution named above. This authorization shall remain in effect until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Plan any amounts paid after my death.

Signature

Date

Please return completed form properly signed to:

CTA Employees' Retirement Benefits Plan
c/o Benesys Administrators
PO Box 154
San Ramon, CA 94583